

ILLINOIS COMMERCE COMMISSION

For Commission Use Only:
Case: 03-0249

FORMAL COMPLAINT

Illinois Commerce Commission
527 E. Capitol Avenue
Springfield, Illinois 62701

ORIGINAL

Regarding a complaint by (Person making the complaint):

Kimberly S. & Joseph Bridges

Against (Utility name):

Ameren CIPS

As to (Reason for complaint):

A billing error

in Auburn Illinois.

TO THE ILLINOIS COMMERCE COMMISSION, SPRINGFIELD, ILLINOIS:

My mailing address is

703 W. Jefferson St. Auburn, IL 62615

The service address that I am complaining about is

703 W. Jefferson St. Auburn, IL 62615

My home telephone is

(217) 438-9473

Between 8:30 A.M. and 5:00 P.M. weekdays, I can be reached at

(217) 438-6114 (Kim)
(217) 816-3102 (Joe)

(Full name of utility company)

Ameren Cips

to the provisions of the Illinois Public Utilities Act.

(respondent) is a public utility and is subject

In the space below, list the specific section of the law, Commission rule(s), or utility tariffs that you think is involved with your complaint.

TITLE 83, CHAPTER 1, SUBCHAPTER b: PART 280.80

SECTION A2 & THE PUBLIC UTILITIES ACT SEC 9-252.1

Have you contacted the Consumer Services Division of the Illinois Commerce Commission about your complaint?

☒ Yes ☐ No

Has your complaint filed with that office been closed?

☒ Yes ☐ No

Please state your complaint briefly. Number each of the paragraphs. Please include time period and dollar amounts involved with your complaint. Use an extra sheet of paper if needed.

SEE ATTACHMENT A

Please clearly state what you want the Commission to do in this case:

WE WOULD LIKE THE \$80.34 PLUS LATE FEES REMOVED
FROM OUR ACCOUNT.

Date: 3-31-03
(Month, day, year)

Complainant's Signature

Kimberly S. Bridges
Joseph Bridge

If an attorney will represent you, please give the attorney's name, address, and telephone number.

You need to file the original with the Commission. Also, provide one copy for each utility complained about (referred to as respondents).

VERIFICATION

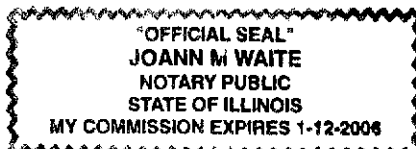
A notary public must witness the completion of this part of the form.

Kimberly S. Bridges / Joseph Bridges first being duly sworn, say that I have read the above petition and know what it says.
The contents of this petition are true to the best of my knowledge.

(Signature) Kimberly S. Bridges / Joseph Bridges

Subscribed and sworn/affirmed to before me on (month, day, year) 03-31-03

Joann M. Waite
Notary Public, Illinois



NOTE: Failure to answer all of the questions on this form may result in this form being returned without processing. If you have questions, please call the counselor in the Consumer Services Division that handled your informal complaint.